

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 07/27/01 to 09/25/01?
- b. The request was received on 01/30/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/24/02
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 02/15/02
 - b. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the request to the insurance carrier, however, the signed memorandum sheet did not make it into the medical dispute file and this medical dispute resolution officer cannot tell if the response from the carrier is timely or untimely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

The requestor states in the correspondence dated 01/24/02 that..."All of these services were submitted to the carrier for reconsideration on 12/10/01, as required by TWCC rules. The carrier, however, continued to deny reimbursement, stating that payment was

previously issued per fee schedule. It is clear that the carrier has no idea what the fee schedule says, because these services were clearly denied in violation of the rules set forth by TWCC.” The Provider is seeking reimbursement in the amount of \$188.00 for the dates of service 07/27/01 to 09/25/01.

2. Respondent:

The Carrier denies reimbursement as G-“INCLUDED IN THE GLOBAL REIMBURSEMENT SINCE IN TEXAS WE MUST SHOW THE EXCEPTION CODE INSTEAD OF EOR CODE. U-UNNECESSARY TREATMENT. F-IF REDUCTION, THEN PROCESSED ACCORDING TO THE TEXAS FEE GUIDELINES. F-REIMBURSEMENT FOR A WORK STATUS REPORT (PROCEDURE CODE 99080-73) IS LIMITED TO ONE REPORT EVERY TWO WEEKS.”

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 07/27/01 and extending through 09/25/01.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
07/27/01	95851	\$36.00	\$0.00	G	\$36.00	MFG E/M GR(IV)(A)(1) CPT descriptor	“When the doctor performs a complete diagnostic service during an office visit (e.g., technical and professional component of a study), both components of the service shall be reimbursed in addition to the office visit.” CPT code 95851 was part of the office visit and medical documentation indicates that the services were rendered. Therefore, reimbursement in the amount of \$36.00 is recommended.
07/30/01	97750-MT	\$43.00	\$0.00	G	\$43.00	MFG Descriptor MFG, MGR (I)(D)(1)(e), (I)(E)(3)	MFG, MGR (I)(E)(3) states “Muscle testing (97750-MT)...shall be reimbursed per body area (see section (I)(D)(1).” The EOB reflects a diagnosis code to just one body area (lumbar). The patient’s injury is to one body area as defined by the referenced rule. The medical records indicate that the muscle testing was performed. For the date of service in dispute, muscle testing is not global to any other service. Therefore, reimbursement is recommended in the amount of \$43.00 .

08/01/01	99080-73	\$15.00	\$0.00	F	DOP	TWCC Rule 129.5 (d)(2)	According to the referenced “when the employee experiences a change in work status or a substantial change in activity restrictions.” According to medical documentation, indicates that the employee experienced a change in his work status on the date 5/30/01 stating the employee would be undergoing surgery. Therefore, reimbursement is recommended in the amount of \$15.00.
09/07/01	99080-73	\$15.00	\$0.00	F	DOP	TWCC Rule 129.5 (d)(2)	According to the referenced “when the employee experiences a change in work status or a substantial change in activity restrictions.” According to medical documentation, indicates that the employee experienced a change in his work status on the date 08/01/01 stating the employee’s release date was extended until 09/01/01. At that time his release was extended to 09/07/01 and on this date it was extended even further to 11/17/01. Therefore, reimbursement is recommended in the amount of \$15.00.
09/21/01	95851	\$36.00	\$0.00	G	\$36.00	MFG E/M GR(IV)(A)(1)	“When the doctor performs a complete diagnostic service during an office visit (e.g., technical and professional component of a study), both components of the service shall be reimbursed in addition to the office visit.” CPT code 95851 was part of the office visit and medical documentation indicates that the services were rendered. Therefore, reimbursement in the amount of \$36.00 is recommended.
09/25/01	97750-MT	\$43.00	\$0.00	G	\$43.00	MFG Descriptor MFG, MGR (I)(D)(1)(e), (I)(E)(3)	MFG, MGR (I)(E)(3) states “Muscle testing (97750-MT)...shall be reimbursed per body area (see section (I)(D)(1).” The EOB reflects a diagnosis code to just one body area (lumbar). The patient’s injury is to one body area as defined by the referenced rule. The medical records indicate that the muscle testing was performed. For the date of service, muscle testing is not global to any other service. Therefore, reimbursement is recommended in the amount of \$43.00.
Total		\$188.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$188.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$188.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of April 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.